

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006905

FILED
May 01, 2006
Secretary of State

Entity Name: FAITH TRIUMPHANT COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

15841 SW 102 COURT
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

15841 SW 102 COURT
MIAMI, FL 33157

New Mailing Address:

FEI Number: 31-1576465 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TICE, RHONAL S DEACON
19640 SW 127 CT.
MIAMI, FL 331774820 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VTD () Delete
Name: TICE, RHONAL S DEACON
Address: 19640 SW 127 CT.
City-St-Zip: MIAMI, FL 33177

Title: SD () Delete
Name: TICE-DELANCY, YVETTA L SISTER
Address: 10265 SW 175 STREET
City-St-Zip: MIAMI, FL 33157

Title: PD () Delete
Name: ALEXANDER, DELORIS F PASTOR
Address: 15841 SW 102 CT.
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: MATHEWS, EMILY MINISTE
Address: 12552 SW 259 TERR
City-St-Zip: NARANJA, FL 33023

Title: D () Delete
Name: WILSON, WILLIS L MINISTE
Address: 10110 SW 170 TERRACE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEACON RHONAL S TICE

VTD

05/01/2006

Electronic Signature of Signing Officer or Director

Date